



Vinton Take Home Notices for the Week Ending December 18, 2015

1. Community Center Recreation Rescue to the CT Science Center on January 19, 2016

Please
see
Take
Home
Notices
below

No School, No Problem! Join Us For **Recreation Rescue** CT Science Center



Tuesday, January 19, 2016

Mansfield Middle School Gym, 7:30 a.m. – 5:30 p.m.

Time	Activity-354003-A
7:30-9:30	Drop off/Open Play in MMS Gym
9:30-4:30	Trip to the Connecticut Science Center in Hartford – Today we will be visiting this state of the art science museum. We will have lots of time to explore the 150 hands on exhibits. Visit ctsciencecenter.org for more information. Please send a lunch with your child on this day.
4:30-5:30	Return from Trip - Open Play/Pickups

GRADES: K-8

LUNCH: Please pack a lunch and snack that does not require refrigeration with your child today.

CHECK-IN: A parent or guardian **MUST** come into the school to drop off and pick up their child. This is for the safety and protection of your children. Thank you for your cooperation.

COST: \$47 resident (per child) \$57 non-resident (per child)

REGISTER NOW - SPACE IS LIMITED!

UPCOMING REC RESCUE ON MAR. 24th

TO DAVE & BUSTERS!



Mansfield Parks & Recreation
Family, Fitness & Fun

Visit WWW.MANSFIELDCC.COM OR CALL
860-429-3015, EXT. 0 FOR MORE
INFORMATION

ACTIVITY REGISTRATION FORM

PLEASE CHECK REGISTRATION DATES. PLEASE PRINT CLEARLY!

MAIL TO: Mansfield Parks & Recreation Department
10 South Eagleville Road, Storrs/Mansfield CT 06268

REGISTRATION CAN BE DONE
ONLINE AT: MANSFIELDCC.COM

Primary Household Contact/Parent/Guardian | Secondary Contact (include address if different)

Name:		Name:	
Address:		Address:	
Town:	Zip	Town:	Zip
Phone: (H)	(W)	Phone: (H)	(W)
(Cell)		(Cell)	
Email Address:		Email Address:	

LOCAL Emergency Contact (Other than parent/guardian, i.e. grandparent, neighbor, etc.)

Name:	Phone:
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Activity # /Letters	Activity Name	Participant's Last Name	First Name	Birth Date	Sex	Fee
Contribution to Scholarship Fund						
TOTAL:						

☐ Please Check here if you have purchased a Community Center Membership.

Some Mansfield residents may be eligible for low-income fee reductions. Check with the Parks & Recreation Office for more information and an application

Also fill details below for each participant

	Grade (if child)	School (if child)	Physician	Allergies, Special Asst, Meds, Other Info:
1				
2				
3				
4				

PAYMENT INFORMATION: Please make checks payable to: Town of Mansfield

Payment method: Check _____ Cash (in office only) _____ AMEX/DS/MC/Visa (in office only) _____

(separate checks required for each program)

CREDIT CARDS PAYMENTS ACCEPTED ONLINE OR IN-PERSON ONLY

Signature _____

Date _____

WAIVER OF PARTICIPANT BY PARENT OR SELF: I hereby agree to release, discharge, and hold harmless the Town of Mansfield, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Mansfield to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Mansfield does not provide insurance for recreational program participants. PHOTO RELEASE: I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Mansfield to utilize for said promotional purposes any photographs and /or videotapes of me or my minor child engaged in the above listed recreational activities.

Signature _____

Date _____